



FAIRFAX COUNTY PARK AUTHORITY



Welcome to Fairfax County Park Authority camps! Our goal is to provide children with a safe and enjoyable camp experience where children can develop skills, form friendships and enhance self-esteem. Please make sure your child comes to camp with their completed forms which are attached. It also important to make sure we have the most current information on your member account (phone number, address and email). If you have moved and need to update your member account, please call (703)222-4664. For your tax records, the tax ID for Fairfax County Park Authority is 54-0787833. Please check your email periodically for camp updates.

ADMINISTERING MEDICATION

MEDICATION WILL NOT BE ADMINISTERED UNLESS AUTHORIZATION FORMS ARE COMPLETED, SIGNED BY PROPER AUTHORITIES, AND RETURNED. If your child will need medication administered during program hours, please download authorization forms from our website at www.fairfaxcounty.gov/parks or call (703)324-8571 to request Authorization Forms. Staff is not permitted to administer medications, whether over-the-counter or prescription, without proper paperwork completed. Medications will be locked up and must be sent in the original container. Please remember to pick up unused medicine containers at the end of camp or it will be discarded within 14 days. Long term medications (over 10 days) require doctor's signature.

SIGNING IN/OUT

Authorized individuals 18 years or older must sign child in and out each day. Staff are required to I.D. all persons picking up children. Children will not be released to anyone not on the Pick-Up Authorization Form. Custodial parents/guardians have the right to be admitted into the program, however for custody issues requiring special attention please notify the camp site staff. Parents must sign-in and walk children to the specific meeting area. If arriving late, please check in with the Camp Director.

ADDITIONAL PAPERWORK

If an immunization record and proof of physical examination is required, an additional page labeled "Important Information & Documents Required" will be included in this packet. If it is not included, you do not need to submit a physical examination or immunization record.

SICK/ILL CHILDREN AND PREVENTING THE SPREAD OF DISEASE

Please keep children home if child shows signs of a communicable disease or illness including vomiting, diarrhea, or a temperature of over 100 degrees. If a camper becomes ill, parents must pick up the sick child immediately. A doctor's note is required before children may return. Parents should notify the site within 24 hrs. if a member of the household develops a communicable disease and immediate notification if it is a life threatening disease. Parents are notified about

disease outbreaks at camp. If a serious injury occurs at camp, parents will be notified immediately.

LATE PARENT POLICY

If a parent or authorized person is late in picking the child up, a late fee of \$1 for every minute will be applied. If a child is consistently picked up late, the child may be dismissed from the program. Children become upset when parents are not on time, please call the site if you know you will be late. A staff member will remain with the child up to one hour after the program ends. After one hour, Child Protective Services will be called.

SUNSCREEN & INSECT REPELLENT

Staff is not permitted to apply sunscreen, insect repellent or lotion to children. Campers over the age of five may bring sunscreen and/or insect repellent to camp to apply themselves with help from staff. All sunscreen must be in the original container labeled with the child's name. Please apply sunscreen and insect repellent to your child before camp as well.

CHILDREN'S BELONGINGS

Please label ALL belongings. Personal belongings should be kept in a bag or backpack which will be stored in program area. FCPA follows public school's policy on cell phones and electronic devices. These are allowed to be carried in the child's backpack, but must be turned off during camp hours. We strongly discourage campers bringing these items to camp. Campers must wear tennis shoes (no wheeled shoes). The FCPA and the site staff are not responsible for lost/stolen items.

FOOD FROM HOME AND CANDY MACHINE USE

It is recommended that lunches and snacks brought from home be nutritious and nonperishable and packed in a soft cooler/lunch bag with an ice pack. Please label food container with the *date and child's name*. We ask that parents take home unused portions of open food at the end of the day or it will be thrown away. Please check with the program staff regarding the use of candy machines by children and refrigeration as most sites do not have access to refrigerators. Parents will be notified to bring in lunch in the event a child does not have one. Camp Directors will work with parent to make sure children receive lunch.

POOL REGULATIONS

Not all programs use the pool. Swimmers are required to take a soap shower before entering the pool. Life vests/water wings are permitted in shallow water with direct supervision. Masks, snorkels, and fins may be used at the guards' discretion and based on demonstrated ability. Children must pass a proficiency test to go in water over their shoulders. Children with skin infections, open wounds, nasal or ear discharge, or any communicable disease, are not permitted in the pool. No sauna or spa use.

EXTENDED CARE

Please refer to the website to register for Extended Care.

BEHAVIOR MANAGEMENT & DISCIPLINARY

ACTIONS

If a child brings a weapon to camp, intentionally harms others, vandalizes property, or displays other extreme behavior, he/she will be dismissed from the program and no refund will be given. For inappropriate behavior, parents will be notified verbally and/or in writing with notification of further action. FCPA reserves the right to immediately dismiss a child from any program. STAFF WILL NEVER: 1) use physical punishment; 2) be verbally abusive; 3) force, withhold, or substitute food; 4) give any child the authority to punish another child; 5) place a child out of visual/hearing sight, in the dark, or 6) punish a child for a toileting accident.

All participants must meet the code of conduct which states children must be able to demonstrate the following with minimal direction: (1) must be able to maintain personal care without staff support; (2) stay with assigned group; (3) respect others (listen, follow directions, use appropriate language, keep hands to oneself); (4) maintain self control; (5) meet the prerequisite skills for the program.

REFUNDS/TRANSFERS

Cancellations and transfers may NOT be done through the automated telephone or internet registration systems. For operator assistance, call (703)222-4664. There are no refunds for missed days due to changed work or vacation schedules, sick days, or other non-emergency reasons. Refunds and transfers must be requested at least fourteen days prior to the camp session for which the refund/transfer is being requested. All but \$25 will be returned for approved refunds per session. Refunds are not permitted for those who register within fourteen days prior to the start of a camp session. Transfers cannot be done within the fourteen day period before the start of camp.

Within fourteen days of the start of camp, refunds will only be given for medical emergencies with doctor's written verification as long as the verification is received BEFORE the camp ends. If a medical emergency occurs during camp, a doctor's written verification will be needed within 24 hours for a pro-rated refund. Requests received after the camp session ends will not be granted.

PROMOTIONAL PHOTOS/VIDEOS

Children enrolled in FCPA Camp programs may be photographed or videotaped during camp by FCPA or public media for FCPA promotional purposes unless a separate written request not to photograph or videotape is submitted to our Youth Services Office and the Site Manager (Youth Services Office 703-324-8571).

LICENSING INFORMATION

The VA Department of Social Services licenses many of our day camp programs. Licensed programs require proof of child's identity for staff to review. Proof can be a certified copy of your child's birth certificate or one of the valid forms of identity listed on the Pick-Up Authorization Form. Compliance with standards is determined by visits to the site by licensing staff. For more licensing information please contact the Fairfax Licensing Office at (703)934-1505.

REPORTING CHILD ABUSE & NEGLECT

Under Code of Virginia (63.2-1509), staff is required to report any suspected abuse, neglect, or exploitation of a child to FCPA Youth Services and Fairfax County Child Protective Services.

QUESTIONS/CONCERNS

Concerns should always be addressed at the site through the lines of authority:
Camp Counselors > Camp Directors > Site Programmer/Contractor > Site Manager

EMERGENCY INFORMATION

Each site has an emergency plan available for review upon request. In the event of a power outage or other special situation at the camp location, staff will arrange an alternate plan such as transporting campers to a local school. In the event a school is unavailable, camp maybe cancelled for the day or part of the day.

TRANSPORTATION

Some RECenter camps use public school buses to transport children on field trips and/or for daily use at nearby school gyms/fields.

Policies are subject to change



Accommodations: If participation accommodations and/or alternative information formats are needed in accordance with the Americans with Disabilities Act, please call (703)324-8563 at least 10 working days in advance of the date needed. TTY (703)803-3354

Fairfax County Park Authority

Emergency/Medical Information & Parent Agreement



Child's Full Name (last name, first name)	Nickname	Date of Birth	Sex
<p>To ensure the best possible experience for your child, tell us about your child (include any emotional, behavioral, physical, cognitive or developmental challenges or problems. Include any communicable diseases and any special accommodations needed (please explain):</p> <p>Have you requested special accommodations through our ADA Accommodations office?</p>			
Allergies or Intolerance to Food, Medications, etc. (please list allergies and actions to take in an emergency situation)			
Child's Physician		Phone	

PARENT(S)/GUARDIAN(S)

Parent's Full Name	Place Employed	Business or Cell Phone
Home Address (#, street, apt, city, state, zip)	E-Mail Address	Home Phone
Parent's Full Name	Place Employed	Business or Cell Phone
Home Address (#, street, apt, city, state, zip)	E-Mail Address	Home Phone

EMERGENCY INFORMATION (the state mandates 2 emergency contacts other than the parents)

Emergency Contact #1	Address (#, street, apt, city, state, zip)	Phone (home, work, cell)
Emergency Contact #2	Address (#, street, apt, city, state, zip)	Phone (home, work, cell)

AGREEMENTS

<p>If swimming/wading activities are included in the program, my child is allowed to participate and his/her swimming ability is</p> <p>CHECK ONE <input type="checkbox"/> Non-Swimmer <input type="checkbox"/> Beginner Swimmer <input type="checkbox"/> Experienced Swimmer</p>
<p>I give my child permission to apply sunscreen and/or insect repellent to him/herself and I will be supplying my child with the product. If my child has an adverse reaction to the sunscreen, take these actions:</p>
<p>The center shall notify parents/guardians whenever their child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible. Parents agree to inform the center within 24 hours if their child or any member of the household develops a reportable communicable disease (immediate notification required if the disease is life threatening)</p>
<p>I hereby grant approval for my child to be photographed and/or videotaped by Fairfax County Park Authority and its partner contractors, to be used for the sole purpose of promoting or publicizing FCPA programs.</p>
<p>I hereby authorize the FCPA and/or designated contractor to seek medical treatment for my child, at the nearest facility, in the event medical care is required. In the event non-emergency medical care is required, I authorize FCPA to seek medical treatment through my child's physician. I understand that I am responsible for medical expenses incurred by my child and that FCPA advises I carry health insurance for my child.</p>

I have read the policies for the program and agree to adhere to them. I certify the information above is complete and correct. I have made a copy of this for my own records.

Parent/Guardian Signature

Date

**BRING CAMP FORMS ON THE FIRST DAY. DO NOT MAIL/EMAIL FORMS.
TO AVOID CONFUSION, PLEASE MAKE COPIES TO SUBMIT FOR EACH CAMP/EACH WEEK.**



Fairfax County Park Authority
Pick Up Authorization
 (bring this form on the first day of each camp)



Child's Name:

All Camps Child is Enrolled in:

The following people are authorized to pick up my child from the FCPA program. I understand my child will be allowed to leave with these individuals only. Photo identification will be asked at sign out. (please include yourself). **BRING CAMP FORMS WITH CHILD ON THE FIRST DAY. DO NOT MAIL/EMAIL FORMS. TO AVOID CONFUSION, PLEASE MAKE COPIES TO SUBMIT FOR EACH CAMP/EACH WEEK.**

Authorized Person's Name (please print)	Relationship to Child	Phone Number

Name of persons NOT allowed to pick up child (appropriate custody papers shall be attached if a parent is not allowed to pick up the child):

Parents/Guardians must sign children in and out each day. Space below may be used for one- week and two-week camps.

Date	Day	Time In	Initials	Time Out	Initials
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
for two week camps:					
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				

Parent/Guardian Signature_____ **Date**_____



Fairfax County Park Authority

Camp Program

Rules of Conduct



Children and parents should review this required document together and sign below.

Children must:

- ☺ Maintain personal care (toileting, changing) without staff support
- ☺ Stay with assigned group at all times
- ☺ Respect others in what you say and do
- ☺ Listen to program leaders and follow directions
- ☺ Use appropriate language
- ☺ Keep hands to oneself and maintain self control
- ☺ Take care of their own belongings
- ☺ Use equipment and supplies in a safe and appropriate manner
- ☺ Teasing and bullying are not tolerated and are grounds for enrollment termination and children should report these incidents immediately to their counselor
- ☺ Follow the policy for cell phones and other multimedia devices: FCPA follows the schools policy in that campers/CIT's are allowed to have cell phones and other multimedia devices, but they must be turned off and kept in the child's backpack during camp hours. We strongly suggest these items be left at home. FCPA will not be held responsible for lost or stolen items. Care for these items is solely up to the child.
- ☺ Play safe and have fun

Parents must:

- Complete and submit appropriate paperwork from the parent packet
- Sign children in and out of the program, bring proper I.D. and be on time
- Contact the Camp Director or Program Manager immediately when issues arise

Grounds for Immediate Dismissal (no refund given):

- A parent who refuses to follow FCPA policies as stated in the parent packet
- A child who brings a weapon to camp
- A child who intentionally harms himself or causes injury to another child or staff member
- A child who vandalizes or steals property of the camp facility, staff or other children
- A child who displays inappropriate behaviors repeatedly
- A child who fails to comply with the Rules of Conduct

Management of Behavior

From time to time, staff must take actions to resolve problems disruptive to the program/other participants. Behavior guidance requires specialized skills; although staff is not behavior specialists, staff are trained to provide basic behavior interventions. To manage disruptive and inappropriate behaviors, staff will acknowledge the behavior, address it with the child, assess the reasons for the behavior, discuss with the child what is appropriate behavior, redirect behaviors when appropriate, if necessary, remove the child from the activity until the child can exhibit self control and discuss the behavior problems with the parents to strategize possible solutions. In situations where inappropriate or disruptive behavior is reoccurring, the child's enrollment in the program may be terminated. The staff does NOT use physical punishment, humiliation, shaming or denial of food as methods to manage behavior. Staff uses a proactive approach to meet the needs of the children by planning age/ability appropriate activities in a fun and safe environment.

We have read and understand the rules of conduct and agree to uphold them to maintain a safe and enjoyable camp experience for everyone (please bring this form with you on the first day of camp).

Child's Name (please print) _____

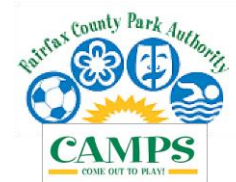
Signature of Child _____ Date _____

Signature of Parent/Guardian _____ Date _____

Parent's home phone _____ work phone _____



Fairfax County Park Authority
Spirit Productions Camp Release Form



*****This form must be signed and turned in at the beginning of camp in order for your child to participate in the camps below. There are no exceptions.**

Camper's First & Last Name _____

Consent and Assumption of Risk Statement

The camper named above has completed a medical examination within the last twelve months and is capable of participating in the camp program for which I enrolled my child.

Date of Camp Week: ____/____/____ to ____/____/____

Please check the box to the left hand side of the camp that your child is attending:

<input type="checkbox"/>	CHEER ELITE	<input type="checkbox"/>	PUPPET MASTERS	<input type="checkbox"/>	GIRLS ONLY	<input type="checkbox"/>	GYMNASTICS & DANCE
<input type="checkbox"/>	MAGIC, JUGGLING, & BALLOON SCULPTURES	<input type="checkbox"/>	SONG & DANCE SHOW GROUP	<input type="checkbox"/>	CIRCUS ARTS SUPERSTARS	<input type="checkbox"/>	ULTIMATE GAMES & TEAM BUILDING

Cheer Elite Camp: I understand my child will participate in cheer stunts, gymnastics and tumbling as part of this camp, and that cheer and gymnastics activities are inherently dangerous.

Circus Arts Superstars Camp: I understand my child will participate in circus activities, including- Tightrope Walk; Uni-Cycle; Walk on Stilts or Paddle Sticks; Air Pogo, Balance on a Globe Ball, board, or tube, Acrobat/ Aerialist/ Gymnastics with Mini-Trampolines and Geo Mats, and perform partner and team Pyramids and Stunts. I understand that these activities are inherently dangerous.

Girls Only Ultimate Games Camp: I understand camp activities include sports, fitness, creative and cooperative games and activities.

Gymnastics & Dance Camp: I understand that gymnastics is inherently dangerous.

Magic, Juggling, & Balloon Sculptures Camp: I understand that face painting and latex balloons are used in camp, and that to the best of my knowledge, my child is not allergic to face paint or latex.

Summer School Musical: I understand that acrylic and tempura paint are used in camp, and that to the best of my knowledge, my child is not allergic to paint.

I understand that swimming and recreational games may also be included in most of the above camps. I understand that painting, face painting, and latex balloons may be used in some camp activities, and that to the best of my knowledge, my child is not allergic to paint, face paint, or latex. In the event of injury or illness, every effort will be made to contact the parent or guardian. If necessary, I authorize Fairfax County Park Authority or Spirit Productions to administer first aid and/or authorize medical treatment. Participants are expected to carry their own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury during participation at camp. I forever waive and forever release and discharge Fairfax County Park Authority, Spirit Productions, their officers, directors, owners, employees, and agents from all liability for any and all damages and injuries suffered by the participant in connection with said use of equipment, instructors, and facilities. I hereby grant approval for my child to be photographed and/or videotaped by Fairfax County Park Authority/ Spirit Productions to be used for the purpose of end-of-camp week slideshow and/or promoting or publicizing FCPA/ Spirit Productions programs.

I have read the above Consent and Assumption of Risk Statement and sign this form voluntarily.

Parent/ Guardian's First & Last Name _____

Parent/ Guardian's Signature _____ **Date** _____



Fairfax County Park Authority Parent Feedback Form



The Park Authority cares about the quality of our programs; therefore, your feedback is important to us. It is our goal to use this form to receive your comments, suggestions, compliments or concerns during the camp program so issues can be addressed immediately. Please forward this to the Youth Services office below. Thank you for your time.

Camp Name _____ Location _____

Comments:

Please forward this to Youth Services:

Fax (703)324-3976

Mail: 12055 Government Center Pkwy, Suite 927

Fairfax, VA 22035-1118

(please do not mail other camp forms to this address)

Thank you to the following PACT (Parks & Community Together) Gold sponsors for 2013: Claude Moore Charitable Foundation, Mars Incorporated, Noblis, USA Mobility Wireless, Inc., and Volkswagen Group of America. For more information on how to become a sponsor helping send homeless children to summer camp, please call 703-324-8532.